



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

08/29/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NJD986584613

FACILITY NAME ->

DELSI INC

MAILING ADDRESS ->

10 KINGSBRIDGE RD
FAIRFIELD, NJ 07006

INSTALLATION ADDRESS ->

10 KINGSBRIDGE RD
FAIRFIELD, NJ 07006

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MITCHELL RANDY_M COMPTROLLER
DELSI INC
10 KINGSBRIDGE RD
FAIRFIELD, NJ 07006

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

90-07-09

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)☒

A. First Notification

☐B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NJ0986584613

II. Name of Installation (Include company and specific site name)

D E L S I I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

I O K I N G S B R I D G E R O A D

Street (continued)

City or Town

F A I R F I E L D

State

N J

ZIP Code

0 7 0 0 6 -

County Code

E S S E X

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

M i t c h e l l

(first)

R a n d y M

Job Title

C o m p t r o l l e r

Phone Number (area code and number)

7 1 3 - 8 4 7 - 0 8 1 1

VI. Installation Contact Address (See instructions)A. Contact Address
Location Mailing

1 5 7 0 1 W E S T H A R D Y S U I T E 1

B. Street or P.O. Box

City or Town

H O U S T O N

State

T X

ZIP Code

7 7 0 6 0 -

VII. Ownership (See instructions)**A. Name of Installation's Legal Owner**

N E W D U T C H L A N E C O R P / R R E E F M G M T

Street, P.O. Box, or Route Number

4 0 1 H A C K E N S A C K A V E N U E

City or Town

H A C K E N S A C K

State

N J

ZIP Code

0 7 6 0 1 -

Phone Number (area code and number)

2 0 1 - 8 8 5 - 5 1 5 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes No

(Date Changed)

Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Off-Specification Used Oil Fuel	
<input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner	
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Markerer	
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device	<input type="checkbox"/> 1. Utility Boiler	
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 2. Industrial Boiler	
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> 3. Industrial Furnace	
Mode of Transportation	<input type="checkbox"/> 3. Industrial Furnace		
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 5. Underground Injection Control		
<input type="checkbox"/> 2. Rail			
<input type="checkbox"/> 3. Highway			
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify			

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))															
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

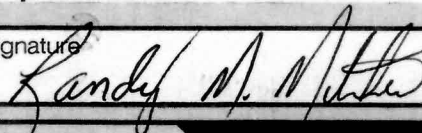
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

Randy M. Mitchell, Comptroller

Date Signed

July 5, 1990

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)